



Plymouth State University

Office of the Registrar
17 High St, MSC #7
Plymouth, NH 03264
Phone: (603) 535-2345
Fax (603) 535-2724

SUMMER UNDERGRADUATE OVERLOAD REQUEST

Student Name (Please Print): _____ **Student ID:** _____

Students may register for up to 9 credits for the Summer Semester. **However, if you are requesting to register for more than 9 credits**, you must secure the approval of your Academic Advisor and the Associate Vice President for Undergraduate Studies.

I wish to take a total of _____ credits during the Summer Semester of _____
Year

Student Signature

Date

Academic Advisor:

Approve Disapprove

Comments: _____

Signature

Date

Assoc. Vice President for Undergraduate Studies:

Approve Disapprove

Comments: _____

Signature

Date

***Please secure all signatures that may be required and present this form to the Office of the Registrar for processing.**

Registrar's Office Use Only

Total overload credits: _____

Processed by: _____

Date: _____